Docket No.: 116521

## APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

1

2

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ERROR DETECTION AND RECOVERY SYSTEM AND METHOD FOR COMMON USE SELF-SERVICE KIOSKS

described and c	laimed in the specification	;		
Check one				
*a.	attached hereto.		and decorption (Constant)	
b.	I filed on as Ap	plication No and an	nended on (if applicable).	
	eby state that I have revie y amendment referred to al		ontents of the above-identified specifica	ation, including the claims, as
I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37,				
	l Regulations, §1.56.			
			the following foreign application(s) and hin one year prior to this application are	
States of Ameri		e year prior to this applica	ficate on this invention were filed in contion, or (b) before the filing date of the	
	eby appoint the following to transact all business in		rd with full power of substitution and	revocation to prosecute this
	Kirk M. I Edward F Mario A. Joel S. Arms	Hudson, Reg. No. 27,562; ' C. Walker, Reg. No. 31,450 Costantino, Reg. No. 33,50 trong, Reg. No. 36,430; Cl d E. Rice, Reg. No. 31,560	illiam P. Berridge, Reg. No. 30,024; Thomas J. Pardini, Reg. No. 30,411; b; Robert A. Miller, Reg. No. 32,771; 65; Stephen J. Roe, Reg. No. 34,463; hristopher W. Brown, Reg. No. 38,025 ; Paul Tsou, Reg. No. 37,956; and	<b>;</b> ;
ALL CORDER			e, Reg. No. 38,565.	
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.				
own knowledge were made with	e are true and that all state in the knowledge that willf f Title 18 of the United Sta	ments made on informational false statements and the	ontents of this Declaration, and that all and belief are believed to be true; and like so made are punishable by fine or llful false statements may jeopardize the	I further that these statements imprisonment, or both, under
Typewritten	Full Name			
of First or S	Sole Inventor	James	L.	McELHANNON
		Given Name	Middle Initial	Family Name
**Inventor's		North	110-12012	
**Date of S	ignature:	\	12/13/2005	
		<b>∨</b> Month	/ Day	Year
Residence:	Brok	en Arrow	Oklahoma	U.S.A.
Citizenship:	U.S.	City	State or Province	Country
	Post Office Address: (Insert complete	4002 S. 198 <sup>th</sup> E. Avenu	е	
#ICD ( )	mailing address, including country)	Broken Arrow, Oklaho		
TIT Box (a.) is c	necked, this form may be	executed only when attache	ed to the specification (including claims)	•

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.